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| State of Wisconsin<br>Department of Workforce Development<br>Equal Rights Division<br>Civil Rights Bureau | <b>Retaliation Complaint</b><br><b>Public Employee Health and Safety Law</b><br><b>Applies to employees of cities, towns,</b><br><b>villages, and the like.</b><br><b>(Section 101.055 Wisconsin Statutes)</b> | <b>ERD Case Number</b><br>(To be filled in by the Division) |
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Personal information you provide may be used for secondary purposes.

**Instructions -- Please Read before Completing This Form**

- Provide all information requested below. **TYPE OR PRINT IN BLACK INK.**
- You must sign this complaint **on page 2**, and fill out the Process Information Sheet on **page 3** before submitting your complaint to the Equal Rights Division.

| 1. Complainant Information  | 2. Respondent Information  |
|---|--|
| Your First Name   | Name of Respondent(s)<br>(The public employer you believe retaliated against you.) If there is more than one Respondent, fill out this box with information about one Respondent. Use a separate sheet of paper to give the same information about the others and attach to this form. |
| Your Middle Name  |  |
| Your Last Name  |  |
| Your Street Address   | Respondent Street Address  |
| Your City   | Respondent City  |
| Your State  | Respondent State   |
| Your Zip Code   | Respondent Zip Code  |
| Your Home Telephone Number Including the Area Code (    )   | Respondent Telephone Number Including the Area Code (    )   |
| Your Work Telephone Number Including the Area Code (    )   | County, in Wisconsin, where the respondent is located  |
| May we call you at work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| <b>3. What did you do that you believe is protected by law?</b> (For example: "reported a safety hazard", "refused to perform a task that represented danger of serious injury" etc.) Give the date of each action (month/day/year).  |  |
| <b>NOTICE REQUIRED UNDER Section 15.04(1)(m), Wisconsin Statutes:</b><br>Authorization for this form is provided under Section 101.055, Wisconsin Statutes. Completion of this form is voluntary. However, if you wish to file a complaint of retaliation with the Equal Rights Division, you must submit a written document containing the information sought by this form. This information is used for the purpose of processing your complaint and maintaining the Equal Rights Division's records. | For Office Use Only  |

**4. Did you talk, write or send an Email to someone?** ☐ Yes ☐ No

Give the name, title and telephone number of the person you contacted. (For example: "Jane Doe, safety & building inspector," "John Forest, my supervisor," etc.)

Give the date of each action.

What exactly did you say?

**5. Describe the employment action(s) your employer took** because of what you did. (For example: terminated me, disciplined me, demoted me, reduced my hours, etc.) If your employer took more than four employment actions, please describe on a separate sheet of paper and attach to this form.

**a.** First employment action:

Date taken:

**b.** Second employment action:

Date taken:

**c.** Third employment action:

Date taken:

**d.** Fourth employment action:

Date taken:

**6. Certification and Signature**

By my signature below, I certify that I have read the above complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief.

Signature of complainant or authorized representative

Date signed

**Mail Your Completed and Signed Complaint to One of the Following Offices.**

**State of Wisconsin  
Department of Workforce Development  
Equal Rights Division**

201 E. Washington Ave., Room A300  
PO Box 8928  
Madison, WI 53708  
Telephone: (608) 266-6860  
FAX: (608) 267-4592  
TTY: (608) 264-8752

819 North 6th Street  
Room 255  
Milwaukee, WI 53203  
Telephone: (414) 227-4384  
FAX: (414) 227-4084  
TTY: (414) 227-4081

## Equal Rights Complaint Process Information Sheet

Please answer the following questions and return this sheet with your completed complaint. We need this information to effectively process your complaint.

|  |   |                     |
|--|---|---------------------|
| First Name   | Middle Name   | Last Name           |
| Today's Date   | Your Date of Birth (requested for identification purposes) (month/day/year) |                     |
| <b>Availability/Contact Information</b><br><b>(Important! You must notify the Equal Rights Division if you change your address or telephone number. If we are unable to locate you, your complaint may be dismissed.)</b>  |   |                     |
| Is there a telephone number where you can be reached between 7:45 a.m. and 4:30 p.m.?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |                     |
| If yes, provide the telephone number including the area code.<br>(   )   |   |                     |
| Please provide the name, address, and telephone number of a friend or relative who does not reside with you but who will know where you can be reached:  |   |                     |
| Name of contact person   | Relationship to you   |                     |
| Address  | Telephone number including the area code<br>(   )                           |                     |
| <b>Employer Information</b>  |   |                     |
| Approximate number of employees at all work locations: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> Less than 15</span> <span><input type="checkbox"/> 15-100</span> <span><input type="checkbox"/> 101-200</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> 201-500</span> <span><input type="checkbox"/> More than 500</span> </div> |   |                     |
| <b>Settlement Information</b>  |   |                     |
| <b>Complete this section if you were (or still are) employed by Respondent</b>   |   |                     |
| When were you hired?   | What is/was your job title?   |                     |
| Are you still employed by the respondent?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |                     |
| <b>Complete this section if you are no longer employed by the respondent</b>   |   |                     |
| How did your employment end?<br><input type="checkbox"/> Discharged <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Retired <input type="checkbox"/> Other  |   |                     |
| The date your employment ended   | Rate of pay at termination  | Hours worked weekly |
| <b>If you were not promoted, what was the title of the position you applied for?</b>   |   |                     |
| Rate of pay  | Hours per week  |                     |
| At this time, what are you seeking to settle your complaint?   |   |                     |

**You will have an opportunity to provide more information during the investigation**

|  |  |   |
|--|--|---|
| <b>Statistical Information</b>                                     |  |   |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |  |   |
| Race (check appropriate box or boxes):                             |  |   |
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Black or African America |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> White                               | <input type="checkbox"/> Unknown                  |
| National Origin or Ethnic background (check one):                  |  |   |
| <input type="checkbox"/> Hispanic or Latino                        | <input type="checkbox"/> Arab, Afghani or Middle Eastern     | <input type="checkbox"/> Other                    |